2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000042191

1. Entity Name
SOLRAC INVESTMENTS CORPORATION

Principal Place of Business	Mailing Address
28 W. FLAGLER ST. SUITE 400 MIAMI, FL 33130	28 W. FLAGLER ST. SUITE 400 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

04162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0519272

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ENRIQUEZ, CARLOS A
28 W. FLAGLER ST.
SUITE 400
MIAMI, FL 33130-1817

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000122824
04/21/04-80044-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ENRIQUEZ, CARLOS A
STREET ADDRESS	28 W. FLAGLER ST., #400
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	V
NAME	ENRIQUEZ, GREGORIO
STREET ADDRESS	4498 E. 8TH CT.
CITY-ST-ZIP	HIAHLEAH, FL 33013
TITLE	ST
NAME	ENRIQUEZ, ISMELIA M
STREET ADDRESS	4498 E. 8TH CT.
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-16-04 305.371.3050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #